



## India

# ENABLING Adolescent Reproductive Health Services

*In India, CEDPA partnered with four non-governmental organizations to provide family life education and implement adolescent-friendly reproductive health services as part of the Better Life Options Program in three states of India. The four partners — Prayatn and Young Women's Christian Association in Delhi slums, Bharitiya Grameen Mahila Sangh in Madhya Pradesh, and Society for the Promotion of Youth and Masses in Haryana — provided a comprehensive package of reproductive health and nutrition information and services, skills development, and recreation to a total of 9,762 adolescent boys and girls.*

## Background

CEDPA built the capacity of non-governmental organization (NGO) partners to effectively implement its *Choose a Future! Issues and Options for Adolescents* facilitator guide and to provide adolescent-friendly reproductive health services. The first technical guideline for providing adolescent reproductive health in India was developed. The NGOs adopted a mix of strategies depending on the contextual circumstances in their implementing areas. The main strategies adopted were:

- **Integrated approach**, in which the Better Life Options (BLP) training package, *Choose a Future!*, was integrated into vocational training classes, remedial tutoring classes, and recreational club and gym activities;
- **Camp approach**, in which the adolescent beneficiaries were intensively trained in camps of short duration; and
- **School approach**, in which the training package was imparted in the classroom.

CEDPA developed a protocol for providing medical services, which was shared with the partner organizations. The partner organizations in turn provided adolescents with health services according to the protocol. The project partners hired part-time physicians and laboratory technicians to provide the services. To be culturally



appropriate in the conservative social environment in which adolescents mature, reproductive health services were provided within the context of general health services to adolescents.

Adolescent girls received iron supplementation, deworming, tetanus toxoid immunization, and nutrition counseling. Both boys and girls received health check-ups, hemoglobin testing, treatment for reproductive tract infections, health counseling, and general health care. Occasionally, eye check-ups, ear, nose, and throat exams, screening for tuberculosis, gynecological check-ups, and counseling sessions were also organized.

Some of the reasons for counseling included domestic violence, incest, reproductive health issues, drug abuse, and sexually-transmitted infections.

Adolescents diagnosed with having a serious health problem were referred to the nearest public/private health facility. The program facilitators escorted the adolescents to the referral facilities to ensure that treatment was provided. This also helped in compliance, as the facilitators would counsel the parents and make sure that drugs prescribed were taken and follow-up visits made.

In Uttar Pradesh, CEDPA worked closely with State Innovations in Family Planning Services Agency, the implementing agency for the Innovations in Family Planning Services Project, and the state government to develop the first "State Strategy for Adolescent Health and Family Life Education" endorsed by the Uttar Pradesh state government. The development of this strategy included a review of all existing programs and materials, as well as 65 focus group discussions with 646 unmarried adolescent girls and boys, 76 parents, and 70 teachers in eight districts of Uttar Pradesh to elicit programmatic needs. A workshop was held with NGOs involved in adolescent programming to formulate recommendations for the adolescent strategy, followed by a consultation with the government to finalize the strategy. The strategy was approved and published and is currently being operationalized.

## Results

- 7,782 adolescent girls and boys were provided family life education and reproductive health (RH) information, of which 1,013 also received vocational skills training.
- 104 adolescent peer educators were trained and are actively participating in facilitating family life education and providing RH information to peers.
- 7,060 adolescents received health care and counseling services.
- 77 adolescents formed theatre groups to address adolescent health and development issues.
- The majority of adolescent girls were found to be anemic and were provided iron supplementation. Hemoglobin levels increased from a mean of 9.0 at first check-up to 11.5 after receiving 100 iron and folic acid tablets.
- The Uttar Pradesh State Strategy for Adolescent Health and Family Life Education was approved by the government and a technical advisory group was formed to implement the Plan of Action.

## Policy and Programmatic Implications

- Providing adolescent reproductive health (ARH) as a separate service is not feasible in conservative societies. However, when provided within the context of general health services, ARH services are readily acceptable by adolescents and parents.
- Building the capacity of peer educators is a sustainable approach but requires continuous training, supervisory support, and mentoring.
- It is critical to elicit opinions of a wide range of community representatives, including parents, teachers, religious leaders, and other community leaders, in developing an acceptable strategy and programs for adolescents to avoid controversy.

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